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INControl *Diabetes*

DIABETES PREVENTION AND CONTROL PROGRAM MISSION:

TO REDUCE THE BURDEN OF DIABETES IN INDIANA THROUGH DATA SURVEILLANCE, HEALTH COMMUNICATIONS, HEALTHY SYSTEMS DEVELOPMENT, AND DEVELOPMENT AND IMPLEMENTATION OF COMMUNITY INTERVENTIONS AND PROGRAMS.

Best Practices for Assisted Glucose Monitoring & Insulin Administration

The **Centers for Disease Control and Prevention (CDC)** has become increasingly concerned about the risks for transmitting hepatitis B virus (HBV) and other infectious diseases during assisted blood glucose (blood sugar) monitoring and insulin administration.

CDC is alerting all persons who assist others with blood glucose monitoring and/or insulin administration of the following infection control requirements:

- Fingerstick devices should **never** be used for more than one person.
- Whenever possible, blood glucose meters should **not** be shared. If they must be shared, the device should be cleaned and disinfected after every use, per manufacturer's instructions. If the manufacturer does not specify how the device should be cleaned and disinfected then it should not be shared.
- Insulin pens and other medication cartridges and syringes are for single -patient use only and should **never** be used for more than one person.



[Continued on page 3](#)

 **American Diabetes Association®**
ALERT! DAY

March 22, 2011 is "Diabetes Alert! Day"
See page 6 to learn more about how to participate

*“The number of Americans with diabetes rises to **25.8** million.”*

8.3 % of the U.S. population

18.8 million people diagnosed

7.0 million people undiagnosed

CDC Releases National Diabetes Fact Sheet 2011

Diagnosed and undiagnosed diabetes among people aged 20 years or older, United States, 2010

Group	Number or percentage who have diabetes
Age ≥20 years	25.6 million or 11.3% of all people in this age group
Age ≥65 years	10.9 million or 26.9% of all people in this age group
Men	13.0 million or 11.8% of all men aged 20 years or older
Women	12.6 million or 10.8% of all women aged 20 years or older
Non-Hispanic whites	15.7 million or 10.2% of all non-Hispanic whites aged 20 years or older
Non-Hispanic blacks	4.9 million or 18.7% of all non-Hispanic blacks aged 20 years or older

Sufficient data are not available to estimate the total prevalence of diabetes (diagnosed and undiagnosed) for other U.S. racial/ethnic minority populations.

The complete 2011 National Diabetes Fact Sheet is available on the CDC website. The Fact Sheet was prepared with input from multiple federal agencies, including those within the Department of Health and Human Services and external partners such as the American Association of Diabetes Educators, the American Diabetes Association, and the Juvenile Diabetes Research Foundation International.

The Fact Sheet is available at <http://www.cdc.gov/diabetes/pubs/factsheet11.htm>.

A press release pertaining to the 2011 National Diabetes Fact Sheet is also available at http://www.cdc.gov/media/releases/2011/p0126_diabetes.html.

Best practices for Assisted Glucose Monitoring & Insulin Administration (cont. from page 1)

The following are infection control recommendations that anyone who performs or assists with blood glucose monitoring and/or insulin administration should review to assure they are not placing themselves or persons in their care at risk.

For the complete resource: <http://www.cdc.gov/injectionsafety/blood-glucose-monitoring.html>

Fingerstick Devices

There are two main types of fingerstick devices: those that are designed for reuse on a single person and those that are disposable and for single-use.



Reusable Devices: These devices often resemble a pen and have the means to remove and replace the lancet after each use, allowing the device to be used more than once. Some of these devices have been previously approved and marketed for multi-patient use, and require the lancet and disposable components (platforms or endcaps) to be changed between each patient. However, due to failures to change the disposable components, difficulties with cleaning and disinfection after use, and their link to multiple HBV infection outbreaks, CDC recommends that these devices **never** be used for more than one person. If these devices are used, it should only be by individual persons using these devices for self-monitoring of blood glucose. Single-use, disposable fingerstick devices*

Single-use, auto-disabling fingerstick devices: These are devices that are disposable and prevent reuse through an auto-disabling feature. In settings where assisted monitoring of blood glucose is performed, single-use, auto-disabling fingerstick devices should be used.

A simple rule for safe care: Fingerstick devices should never be used for more than one person.

Blood Glucose Monitors

Devices that measure blood glucose levels.



Whenever possible, blood glucose meters should be assigned to an individual person and not be shared.

If blood glucose meters must be shared, the device should be cleaned and disinfected after every use, per manufacturer's instructions, to prevent carry-over of blood and infectious agents. If the manufacturer does not specify how the device should be cleaned and disinfected then it should not be shared.

A simple rule for safe care: If shared, blood glucose meters should be cleaned and disinfected after every use.

Insulin Administration

Insulin can be administered using an insulin pen that is designed for reuse on a single patient. It can also be administered using a needle and syringe after drawing up contents from an insulin vial.



Insulin Pens: Insulin pens are pen-shaped injector devices for insulin that are intended for use by a single person. The pens have an insulin reservoir, or an insulin cartridge, that usually contains enough insulin for an individual to self-administer several doses (injections) of insulin before the reservoir or cartridge is empty. The individual changes the needle before each insulin injection.

**Insulin pens are designed to be safe for a single person to use a single pen multiple times, with a new needle for each injection.*

Insulin Vials: Multi-dose vials of insulin should be dedicated to a single person whenever possible. If the vial must be used for more than one person it should be stored and prepared in a dedicated medication preparation area outside of the patient care environment and away from potentially contaminated equipment. Insulin vials should always be entered with a new needle and new syringe. Needles and syringes should **never** be used to administer insulin to more than one person and should be disposed of immediately after use in an approved sharps container.

A simple rule for safe care: Injection equipment (insulin pens, needles, and syringes) should never be used for more than one person.

CDC Releases First Periodic Health Disparities & Inequalities Report*



Persistent health disparities in our country are unacceptable and correctable. The problem must be addressed with dual strategies – both universal interventions available to everyone and targeted interventions for populations with special needs.

**CDC Health Disparities & Inequalities Report – 2011, Morbidity and Mortality Weekly Report*



Be Part of The Road to Health Toolkit in Spanish's Team

INTRODUCTORY WEBINAR IN SPANISH

DATES

Wednesday, February 23

Wednesday, April 27

Friday, March 18

Tuesday, May 17

TIME

3:00 P.M. (EST); 12:00 P.M. (PST)

Staggering rises in diabetes are highlighted in the media every day. No one is unaffected, but Hispanics as a group are more susceptible to devastating health issues like diabetes. The good news is that type 2 diabetes can be prevented or delayed!

Register at <http://tiny.cc/nyfo5> for a free introductory session.



The U.S. Department of Health and Human Services' National Diabetes Education Program (NDEP) is jointly sponsored by the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC) with the support of more than 200 partner organizations.



New "Agency for Healthcare Research and Quality Report on Women at Risk for Diabetes"

Almost half of the people with diabetes in this country are women, and projections indicate that women will account for most cases between 2010 and 2050. Yet, many reports do not stratify by sex, so it is difficult to determine the quality of care that women with, or are at risk of, diabetes receive. This report uses national datasets to provide information about the quality of care among women at high risk for diagnosed diabetes compared with women not at high risk. It presents measures in several areas, such as access to care, general well-being, and evidence-based diabetes-specific preventive care.

The complete report is available at the Agency for Healthcare Research & Quality website.

<http://162.99.46.13/populations/womendiab2010>

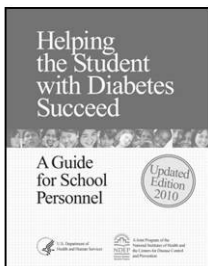


Tools for Community Health Workers



For the complete toolkit:

<http://www.nei.nih.gov/nehep/programs/ojo/toolkit2.asp>



Helping the Student with Diabetes Succeed: A Guide for School Personnel

Updated Edition Now Available from the
National Diabetes Education Program

Helping the Student with Diabetes Succeed offers school personnel, health care providers, parents, and students a systematic, coordinated team approach for supporting students with diabetes in the school setting. Developed with and supported by leading diabetes, pediatric medicine, education, and health professional groups, the guide helps to ensure that students with diabetes are medically safe and have access to all educational opportunities and activities.

This updated edition of *Helping the Student with Diabetes Succeed* from the National Diabetes Education Program (NDEP) includes user-friendly tools such as:

- a diabetes primer and a glossary to educate school personnel about diabetes
- a list of diabetes education and training resources
- copier-ready action plans for each person on the school staff, parents, and students with diabetes
- sample plans with step-by-step instructions for responding to diabetes emergencies
- a review of federal laws pertaining to students with diabetes

For a free copy, visit
www.YourDiabetesInfo.org
or call 1-888-693-NDEP (1-888-693-6337).



Gaps in diabetes screening during pregnancy and postpartum.



Many women may not be receiving GDM screening during pregnancy. Postpartum diabetes screening rates after pregnancy remain low. Adoption of the new International Association of

Diabetes and Pregnancy Study Groups criteria would require a significant change in current clinical practice.

For the complete National Center for
Biotechnology Information article:

ncbi.nlm.nih.gov/pubmed/21173645



Help your patients QUIT NOW. The Quitline is available 7 days-a-week from 8am-3pm EST. Services are available in both English and Spanish. For other languages, translation is available through Interpretive Services. TTY services are also available for the hearing impaired.

You can learn more, order FREE fax referral forms, order free promotional materials, and much more at www.indianatobaccoquitline.net

Refer to the Quitline

- 1) **ASK** your patient about their tobacco use, document it, and then:
- 2) **ADVISE** your patient to quit and assess readiness to quit within the next 30 days and interest in receiving phone counseling.
- 3) **REFER** to the Indiana Tobacco Quitline. If your patient is ready to quit. Fill out the fax referral form along with your patient and have them sign for the consent as required by HIPPA. (Forms available online.)
- 4) Fax the form to: 800.483.3114
- 5) Refer the patient to a physician to prescribe pharmacotherapy, if appropriate.

They will take it from there—it's that simple! The Quitline will fax back a report to the physician office to be placed in the patient's file. The report will indicate whether or not the patient was reached, enrolled in services, as well as their plan for quitting.



Celebrating “Healthy Communities Clinton County”

HEALTHY COMMUNITIES CLINTON COUNTY RECEIVES ACHIEVE GRANT

Healthy Communities Clinton County is celebrating its new status as an Action Community for Health Innovation and Environmental Change (ACHIEVE), after receiving a \$64,000 grant through the National Association of Chronic Disease Directors.

ACHIEVE partners focus on policy and environmental changes that will make the healthy choice the easy choice for the residents of a community. Healthy Communities Clinton County, which is based in Frankfort, Indiana, is one of 40 communities in 24 states to receive a grant to develop and implement solutions preventing chronic diseases and related risk factors (obesity, tobacco use, etc.)

“We are so excited to receive this distinctive grant,” said Carol Price, ACHIEVE coordinator. “I feel we were chosen for two specific reasons –those being the fact that we have a lot of health issues in our county and the partnerships of a lot of wonderfully dedicated local health care providers, community leaders, educators, and others that just work really hard to improve the lives of the people that live in our county. They care about the health and safety of the youngest to the oldest. We are excited to have this opportunity for guidance and assistance in developing policy and environment changes that will have long term effects on our community.”

Healthy Communities of Clinton County is a collaboration of health care providers and service providers created by an initiative of Purdue University Extension. The coalition’s current partners include:

Clinton County Health Department;
Clinton County YMCA;
Community Counseling Center;
Frankfort Public Library;
Frankfort School Corporation.
Head Start;
Indiana Minority Health Coalition;
Indiana State Health Department’s Division of Chronic Disease Prevention and Control;
Indiana Tobacco Use Prevention and Cessation;
Purdue Extension Service;
St. Mary’s and St. Matthew’s Preschool Programs; and
St. Vincent Frankfort Hospital.

For the complete article on Healthy Communities Clinton County:
<http://www.insideindianabusiness.com/newsitem.asp?id=46269>

JOIN THE MILLION CHALLENGE *(continued from page 1)*

Take the Diabetes Risk Test on March 22

On March 22 – “American Diabetes Association Alert Day” – Hoosiers everywhere should find out if they are at risk for developing type 2 diabetes. More than 1.6 million Hoosiers and 79 million Americans have prediabetes, putting them at high risk for type 2 diabetes in the future. Diabetes is called a “silent killer” because about 25% of people who have the disease don’t yet know it.

Here are three simple ways you can help.

- Take the Diabetes Risk Test on Diabetes Alert Day – and encourage your family members, colleagues, and patients to do the same. This easy quiz, available at www.diabetes.org, will help measure your risk for type 2 diabetes. You can use your results to start a conversation with your doctor.
- If you’re in Indianapolis, you can also get a free A1c screening on Diabetes Alert Day. Visit St. Vincent Hospital between 7 a.m. and 1 p.m. on March 22 (86th Street location only; must be 18 or older). *Screenings courtesy of the American Diabetes Association and St. Vincent Hospital.*
- Visit any Walgreens Take Care Clinic in the Indianapolis area on March 22 for a free blood glucose screening.

By taking Diabetes Risk Test between March 22 and April 22, you’ll “Join the Million Challenge,” a rallying cry for the more than 1 million Americans who have already joined the movement to Stop Diabetes nationwide.

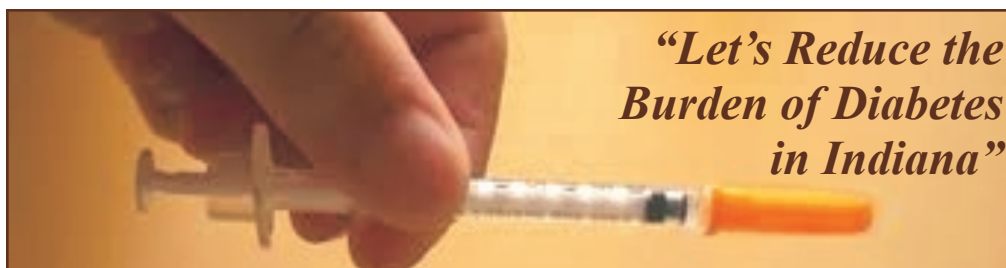
Who should be screened? Everyone should know the risk factors for type 2 diabetes – especially those who are overweight, underactive, and over the age of 45. In particular, African Americans, Latinos, Native Americans, Asian Americans, Pacific Islanders and anyone with a family history of the disease are at increased risk. By knowing your risk, you can take steps to help prevent type 2 diabetes.

Questions? Visit www.diabetes.org or contact Carol Dixon at cdixon@diabetes.org or 317-352-9226, ext. 6732.



Indiana Quitline Monthly Report— January 2011

- **1006** residents registered for Quitline services in January as compared to 958 in December.
- **87%** of registered callers were tobacco users.
- **136** enrollments were via fax referral
- **28%** of people heard about the Quitline from a Health Professional, followed by Family/Friend at 23% and Other at 8%.



“Let’s Reduce the Burden of Diabetes in Indiana”

Diabetes in Indiana has emerged as one of the most prevalent and costly diseases affecting our State. To help combat this preventable epidemic, the **Indiana Diabetes Advisory Council** strives to develop, implement, and evaluate a comprehensive **State Plan**.

The Diabetes Advisory Council is currently involved in developing the *2015-2020 State Plan*. The four committees—*Education & Health Services, Primary Prevention, Advocacy & Partnership, and Data, Surveillance, & Evaluation*—are establishing objectives and strategies to meet their goals. Each goal is focused on **“Reducing the burden of diabetes in Indiana”**

Are you interested in learning more about the
Diabetes Advisory Council ?

For more information :

<http://www.in.gov/isdh/19709.htm>

or call 317-233-7755

KEN-NECT

THE KENTUCKY DEPARTMENT OF PUBLIC HEALTH DISTANCE LEARNING NETWORK

PROGRAM ANNOUNCEMENT

Title: Diabetes Medication Update: Sweet or Sour New Therapies

Description: This is an update for staff working with patients with diabetes on new medications and therapies

Target Audience: RN's, Rd's who are involved in the care and education of individuals with diabetes.

Date: April 28, 2011

Start Time: 9:30 a.m. **End Time:** 12:30 p.m. (Times are EST)

TRAIN Course ID: 1025582

Program MRN: 1804454

Archived Webcast: Yes **Live Webcast:** No

Program Content Contact: Teresia Huddleston
Phone: (270) 781-8039 ext 143
Email Address: teresiaj.huddleston@ky.gov

Registration on TRAIN required: Yes Registration Deadline: N/A
TRAIN Website: <https://ky.train.org>
CEU's Available through TRAIN: Yes
CEU's Available through other: N/A
(If yes, email program contact)
Please contact your Regional Training Coordinator for assistance with TRAIN or call 502-564-4990

**Technical or Equipment Issues: Contact the COT Bridge at 502-564-9411

**Videoconference Information: Connection should be made 15 - 30 minutes before program start

NEWSLETTER CONTRIBUTIONS

The Diabetes Prevention and Control Program (DPCP) will be publishing newsletters on a quarterly basis during 2011. The intent of the newsletter is to network diabetes health care professionals around the state of Indiana, make readers aware of current programs and opportunities throughout the state, and to provide you with the most current data and information on diabetes.

If you have any suggestions, articles, current events or topics in your area, that you would like to be a part of the next newsletter, please call Gail Wright at 317.233.7755 . The deadlines are as follows for 2011:

**2nd Quarter Deadline
Submission:** March 25

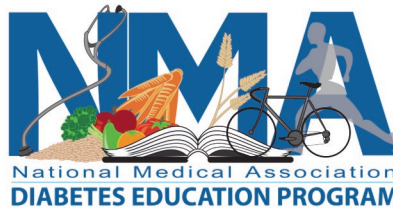
**3rd Quarter Deadline
Submission:** July 22

**4th Quarter Deadline
Submission:** October 21

Collaborative Partners*



**Indiana Central Association
of Diabetes Educators
ICADE**



The National Medical Association (NMA) Diabetes Education Program is now on FACEBOOK. This social media tool is another instrument the program uses to inform the public about diabetes and programmatic developments. The NMA Diabetes Education Program is in its fifth year of existence. Through the utilization of the six established NMA coalitions in Atlanta, Houston, Los Angeles, Pine Bluff, the District of Columbia and Indianapolis, the NMA has been able to cover significant ground and share information about diabetes to African Americans/Blacks and the wider community as a result of its collaborative outreach efforts. Since the program's inception five years ago, over 205 outreach activities have been completed.

* Logos used with permission of organizations.

Stop Diabetes License Plate



Show your support for the Stop Diabetes movement by requesting your own "Stop Diabetes" license plate in 2011!

\$25 from each plate benefits the American Diabetes Association. For more information, please contact Joy Mahoney with the ADA at 317.352. 9226, ext. 6722, or jmahoney@diabetes.org

If you would like to be added to the email mailing list to receive this quarterly newsletter, please contact: Diabetes Prevention and Control Program, Phone: 317.233.7755 or Email: gawright@isdh.in.gov



**Indiana State Department of Health
Diabetes Prevention and Control Program
Health and Human Services Commission**

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